

B.C.C.F.

INPRMARY (INSTITUTION)  
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall Hampton

AIS NO. B1226420

CELL: # 2

VIOLATION OR REASON: Self Injury Mental Health Observation

ADMITTANCE

AUTHORIZED BY: Lt. Cunningham

DATE &amp; TIME RECEIVED: 10/31/03 @ 6:35 p.m. 11-6-03

DATE &amp; TIME RELEASED:

PERTINENT INFORMATION: DISC Seg

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/3	MORN	✓				N	N	N	Rec'd meal	Dolmen Hillman, COI
	DAY	✓	N	C	N	N	Nurse Johnson	Dr. Sanders	Rec'd meals	
	EVE	✓	N	N	N	N	N	N	Received meal	
Mon										
11/4	MORN	✓				W	W	Nurse Smith	N	Rec'd meals
	DAY	N				N	N	Nurse Johnson	Dr. Sanders	Refused meals
	EVE	Y	Y	N		N	N	Nurse Willis	N	Rec'd meal
Tue										
11/5	MORN	Y				N	N	Reppi	N	Rec'd meal
	DAY									Refused meal
	EVE	Y	N	N		Williams	N	N	N	Refused meal
Wed										
11/6	MORN	Y				N	N	Tolbert	N	Rec'd meal & Meds
	DAY	Y		A		N	N	Williams	Dr. Kersus	
	EVE	Y	Y	Y		N	N	Tyson	-	Rec'd meal & Fluid
Thur										
11/7	MORN	Y	N	N		N	N	Reppi	N	Rec'd meal
	DAY	N	N	N		N	N	Dr. Kern	N	Med's given
	EVE	Y	N	N		N	N	Tolbert	N	Rec'd Meds
Fri										
11/8	MORN	N						Reppi	N	Rec'd meal
	DAY	Y	Y	M		ND	ND	Smith	ND	Rec'd meal
	EVE	Y	Y	X		✓	✓	Reppi	ND	Rec'd meal/ Meds
Sat										
11/9	MORN	N	N	N		NO	NO	N	N	Rec'd Rec med
	DAY	Y		C		N	N	Johnson	✓	Rec'd meal & Meds
	EVE	✓	Y	Y		N	N	Gima	N	Rec'd meal/ Meds
Sun										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

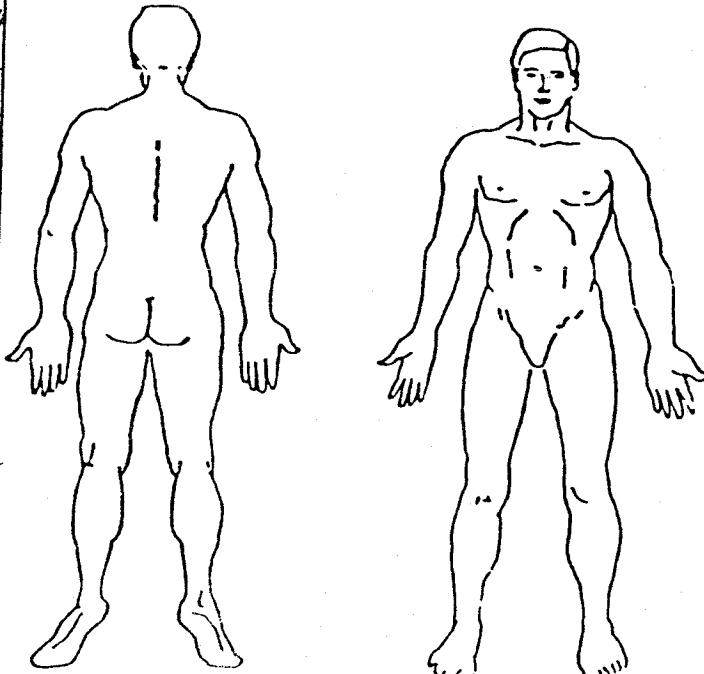
Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

**D**PARTMENT OF CORRECTIONS  
**EMERGENCY/**Non-Schedule **TREATMENT RECORD**  
(OTHER)

DATE <u>10-23-03</u>		TIME <u>4:20</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	FACILITY <u>Bullock</u>	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER						
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA								
VITAL SIGNS: TEMP <u>98°</u> RECTAL <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RESP <u>20</u>		PULSE <u>86</u> <u>02 Sat 9870</u>	B/P <u>126/80</u> <u>SYSTOLIC</u> <u>&lt;100&gt; 50</u>	RECHECK IF <input type="checkbox"/>						
NATURE OF INJURY OR ILLNESS  <u>S- None</u> <u>O- Bed Male Ambulatory following</u> <u>scattered by two other inmates</u> <u>Inmate is Alert and Oriented</u> <u>X3 resp regular and even skin</u> <u>w/p to touch. No Seizure activity</u> <u>Noted no injuries noted on</u> <u>inmates body at this time</u>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ABRASION/</td> <td>CONTUSION #</td> <td>BURN <u>XX</u></td> <td>FRACTURE <u>XX</u></td> <td>LACERATION/ <u>XX</u></td> <td>SUTURES</td> </tr> </table> 			ABRASION/	CONTUSION #	BURN <u>XX</u>	FRACTURE <u>XX</u>	LACERATION/ <u>XX</u>	SUTURES
ABRASION/	CONTUSION #	BURN <u>XX</u>	FRACTURE <u>XX</u>	LACERATION/ <u>XX</u>	SUTURES					
PHYSICAL EXAMINATION  <u>A- Potential for injuries present</u>										
ORDERS, MEDICATION, etc.		<u>P- Released back to population, no distress</u> <u>Noted.</u> <u>E May Return to HCU PRN</u>								
DIAGNOSIS  <u>D</u>										
INSTRUCTIONS TO PATIENT  <u>S</u>										
RELEASE/TRANSFER DATE  <u>10/23/03</u> <u>4:30</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		TIME  <u>4:30</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL						
NURSE'S SIGNATURE  <u>Martha Jackson</u>		DATE  <u>10/29/03</u>	PHYSICIAN'S SIGNATURE  <u>John J. Jackson</u>	DATE  <u>10/29/03</u>						
PATIENT'S NAME (LAST, FIRST, MIDDLE)  <u>Hampton Rondell</u>		AGE  <u>20</u>	DATE OF BIRTH  <u>10/15/83</u>	R/S  <u>B11</u>						
				AIS #  <u>07111</u>						

## MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION:  Suicide Watch  Restraints  Other \_\_\_\_\_OBSERVATION:  15 Minutes  Other \_\_\_\_\_Date Initiated: 11/6/02 Time Initiated: 0800

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15	6 E	06:15	5 MC	14:15	6, 1, 9 E
22:30	6 E	06:30	5 MC	14:30	6, 1, 9 E
22:45	1	06:45	5 MC	14:45	6, 1, 9 E
23:00		07:00	5 MR	15:00	6, 1, 9 E
23:15		07:15	5 MC	15:15	6, 1, 9 E
23:30		07:30	5 MC	15:30	6, 1, 9 E
23:45		07:45	5 MC	15:45	6, 1, 9 E
24:00		08:00	6 MC	16:00	6, 1, 9 E
24:15		08:15	6 MC	16:15	6, 1, 9 E
24:30		08:30	6 MC	16:30	6, 1, 9 E
24:45		08:45	6 MC	16:45	6, 1, 9 E
01:00		09:00	6 MC	17:00	6, 1, 9 E
01:15		09:15	6 MC	17:15	6, 1, 9 E
01:30		09:30	6 MC	17:30	6, 1, 9 E
01:45		09:45	6 MC	17:45	6, 1, 9 E
02:00		10:00	6 MC	18:00	6, 1, 9 E
02:15		10:15	6 MC	18:15	6, 1, 9 E
02:30		10:30	6 MC	18:30	6, 1, 9 E
02:45		10:45	6 MC	18:45	6, 1, 9 E
03:00		11:00	6 MR	19:00	6, 1, 9 E
03:15		11:15		19:15	6, 1, 9 E
03:30		11:30		19:30	6, 1, 9 E
03:45		11:45		19:45	6, 1, 9 E
04:00		12:00		20:00	6, 1, 9 E
04:15		12:15		20:15	6, 1, 9 E
04:30		12:30		20:30	6, 1, 9 E
04:45		12:45		20:45	6, 1, 9 E
05:00		13:00		21:00	6, 1, 9 E
05:15		13:15		21:15	6, 1, 9 E
05:30		13:30		21:30	6, 1, 9 E
05:45		13:45		21:45	6, 1, 9 E
06:00	5 MC	14:00	6, 1, 9 E	22:00	6, 1, 9 E

Inmate Name

Hampton, Randall

AIS #

224420

MENTAL HEALTH OBSERVATION MONITORINGINTERVENTION:  Suicide Watch  Restraints  Other \_\_\_\_\_OBSERVATION:  15 Minutes  Other \_\_\_\_\_Date Initiated: 11/4/03 Time Initiated: \_\_\_\_\_

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
2215	C 9	10 1615	6 MC	1415	6 CN
2230	6	10 1630	6 MC	1430	6 CN
2245	6	10 1645	6 MC	1445	6 CN
2300	5	10 1700	6 MC	1500	6 CN
2315	5	10 1715	6 MC	1515	6 CN
2330	5	10 1730	6 MC	1530	6 CN
2345	5	10 1745	6 MC	1545	6 CN
2400	5	10 1800	6 MC	1600	6 CN
2415	5	10 1815	6 MC	1615	6 CN
2430	5	10 1830	6 MC	1630	6 CN
2445	5	10 1845	6 MC	1645	6 CN
0000	5	10 1900	1 MC	1700	6 CN
0015	5	10 1915	1 MC	1715	6 CN
0030	5	10 1930	1 MC	1730	6 CN
0045	5	10 1945	1 MC	1745	6 CN
0100	5	10 2000	1 MC	1800	6 CN
0115	5	10 2015	1 MC	1815	5 CN
0130	5	10 2030	1 MC	1830	5 CN
0145	5	10 2045	1 MC	1845	5 CN
0200	5	10 2100	1 MC	1900	5 CN
0215	5	10 2115	1 MC	1915	5 CN
0230	5	10 2130	1 MC	1930	5 CN
0245	5	10 2145	2 MC	1945	5 CN
0300	5	10 2200	2 MC	2000	5 CN
0315	5	10 2215	2 MC	2015	5 CN
0330	5	10 2230	2 MC	2030	5 CN
0345	5/	10 2245	2 MC	2045	5 CN
0400	6/13	12 00	4 MC	2100	5 CN
0415	6	12 15	7 MC	2115	5 CN
0430	6	12 30	7 MC	2130	5 CN
0445	6	12 45	7 MC	2145	5 CN
0500	5	12 50	7 MC	2200	5 CN
0515	5	12 515	6 MC		
0530	5	12 530	6 MC		
0545	5	12 545	6 MC		
0600	5	13 00	7 MC		

Inmate Name

Hampton, Randall

AIS #

224120

ALDOC Form 471-01

Rd Peters

RCF

## MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION:  Suicide Watch  Restraints  Other \_\_\_\_\_OBSERVATION:  15 Minutes  Other \_\_\_\_\_Date Initiated: 11/11/03 Time Initiated: \_\_\_\_\_

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15		06:15		14:15	10 - MRE
22:30		06:30		14:30	10 - MRE
22:45		06:45		14:45	10 - MRE
23:00		07:00		15:00	10 - MRE
23:15		07:15	6 MRE	15:15	10 - MRE
23:30		07:30	6 MRE	15:30	10 - MRE
23:45		07:45	6 MRE	15:45	10 - MRE
24:00		08:00	6 MRE	16:00	10 - MRE
24:15		08:15	6 MRE	16:15	10 - MRE
24:30		08:30	6 MRE	16:30	10 - MRE
24:45		08:45	6 MRE	16:45	10 - MRE
01:00		09:00	6 MRE	17:00	10 - MRE
01:15		09:15	10, 6 MRE	17:15	10 - MRE
01:30		09:30	9, 6 MRE	17:30	9 - MRE
01:45		09:45	9, 6 MRE	17:45	9 - MRE
02:00		10:00	9, 6 MRE	18:00	9, 1 MRE
02:15		10:15	9, 6 MRE	18:15	9, 1 MRE
02:30		10:30	9, 6 MRE	18:30	9, 1 MRE
02:45		10:45	9, 6 MRE	18:45	6 MRE
03:00		11:00	10, 6 MRE	19:00	6 MRE
03:15		11:15	10, 6 MRE	19:15	6 MRE
03:30		11:30	6 MRE	19:30	10 - MRE
03:45		11:45	6 MRE	19:45	10 - MRE
04:00		12:00	6 MRE	20:00	9 - MRE
04:15		12:15	6 MRE	20:15	9 - MRE
04:30		12:30	6 MRE	20:30	9 - MRE
04:45		12:45	6 MRE	20:45	6 MRE
05:00		13:00	6 MRE	21:00	6 MRE
05:15		13:15	6 MRE	21:15	6 MRE
05:30		13:30	6 MRE	21:30	6 MRE
05:45		13:45	1 MRE	21:45	10 - MRE
06:00		14:00	6 MRE	22:00	10 - MRE

Inmate Name

Hampton, Randall

AIS # 226430

MENTAL HEALTH OBSERVATION MONITORINGINTERVENTION:  Suicide Watch  Restraints  Other \_\_\_\_\_OBSERVATION:  15 Minutes  Other \_\_\_\_\_Date Initiated: 11/3/03 Time Initiated: 06:00

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15		06:15	4 ML	14:15	6, M&C
22:30		06:30	4 M	14:30	6, M&C
22:45		06:45	4 M	14:45	6, M&C
23:00		07:00	4 M	15:00	10, M&C
23:15		07:15	4 M	15:15	10, M&C
23:30		07:30	4 M	15:30	10, M&C
23:45		07:45	4 M	15:45	6, M&C
24:00		08:00	4 M	16:00	6, M&C
24:15		08:15	4 M	16:15	6, M
24:30		08:30	4 M	16:30	6, M
24:45		08:45	4 M	16:45	6, M
01:00		09:00	4 M	17:00	6, M
01:15		09:15	4 M	17:15	6, M
01:30		09:30	4 M	17:30	6, M
01:45		09:45	4 M	17:45	6, M
02:00		10:00	4 M	18:00	6, M
02:15		10:15	4 M	18:15	6, M
02:30		10:30	4 M	18:30	6, M
02:45		10:45	4 M	18:45	6, M
03:00		11:00	5 ML	19:00	6, M
03:15		11:15	5 M	19:15	6, M
03:30		11:30	5 M	19:30	6, M
03:45		11:45	5 M	19:45	6, M
04:00		12:00	5 M	20:00	6, M
04:15		12:15	5 M	20:15	6, M
04:30		12:30	5 M	20:30	6, M
04:45		12:45	5 M	20:45	6, M
05:00		13:00	5 M	21:00	6, M
05:15		13:15	5 M	21:15	6, M
05:30		13:30	5 M	21:30	6, M
05:45		13:45	5 M	21:45	6, M
06:00	4 M	14:00	5 M	22:00	6, 10, M

Inmate Name

Hampton Randall

AIS #

234420

## MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION:  Suicide Watch  Restraints  Other \_\_\_\_\_OBSERVATION:  15 Minutes  Other \_\_\_\_\_

Date Initiated: \_\_\_\_\_ Time Initiated: \_\_\_\_\_

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15	6	06:15	6	14:15	6
22:30	6	06:30	6	14:30	6
22:45	6	06:45	5	14:45	6
23:00	6	07:00	5	15:00	6
23:15	6	07:15	5	15:15	6
23:30	6	07:30	5	15:30	6
23:45	6	07:45	5	15:45	6
24:00	6	08:00	5	16:00	6
24:15	6	08:15	6	16:15	6
24:30	6	08:30	6	16:30	6
24:45	6	08:45	6	16:45	6
01:00	6	09:00	6	17:00	6
01:15	6	09:15	6	17:15	6
01:30	6	09:30	6	17:30	6
01:45	6	09:45	6	17:45	6
02:00	6	10:00	6	18:00	6
02:15	6	10:15	6	18:15	6
02:30	6	10:30	6	18:30	6
02:45	6	10:45	6	18:45	6
03:00	6	11:00	9	19:00	6
03:15	6	11:15	9	19:15	6
03:30	6	11:30	9	19:30	6
03:45	6	11:45	9	19:45	6
04:00	6	12:00	9	20:00	6
04:15	6	12:15	9	20:15	6
04:30	6	12:30	9	20:30	6
04:45	6	12:45	9	20:45	6
05:00	6	13:00	9 Lying on floor	21:00	6
05:15	6	13:15	9 Lying on floor	21:15	6
05:30	6	13:30	9 Lying on floor	21:30	6
05:45	6	13:45	6 in bed	21:45	6
06:00	6	14:00	6 in bed	22:00	6

Inmate Name

Hampton, Randall

AIS #

226420

MENTAL HEALTH OBSERVATION MONITORINGINTERVENTION:  Suicide Watch  Restraints  Other \_\_\_\_\_OBSERVATION:  15 Minutes  Other \_\_\_\_\_Date Initiated: 10/1/03 Time Initiated: \_\_\_\_\_

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
2215	(6, 10) E+	16:15 5-6		14:15 9 E+	
2230	6, 10 E+	16:30 6-5		14:30 9 E+	
2245	6, 5 E+	16:45 6-5		14:45 9 E+	
2300	6, 5	17:00 6		15:00 9 E+	
2315	6, 5	17:15 6		15:15 8, 9, 1 E+	
2330	6, 5	17:30 6		15:30 8, 9, 1 E+	
2345	6, 5	17:45 6		15:45 6 E+	
2400	6, 5	18:00 6		16:00 6 E+	
2415	6, 5	18:15 6		16:15 6 E+	
2430	6, 5	18:30 6		16:30 6 E+	
2445	6, 5	18:45 6		16:45 6 E+	
0100	6, 5	19:00 6		17:00 6 E+	
0115	6, 5	19:15 6		17:15 6 E+	
0130	6, 5	19:30 6		17:30 6 E+	
0145	6, 5	19:45 6		17:45 6 E+	
0200	6, 5	20:00 6		18:00 6 E+	
0215	6, 5	20:15 6		18:15 6 E+	
0230	6, 5	20:30 6		18:30 6 E+	
0245	6, 5	20:45 6		18:45 6 E+	
0300	6, 5	21:00 6		19:00 6 E+	
0315	6, 5	21:15 6		19:15 6 E+	
0330	6, 5	21:30 6		19:30 6 E+	
0345	6, 5	21:45 6		19:45 6 E+	
0400	6, 5	22:00 6		20:00 6 E+	
0415	13, 12	22:15 6		20:15 6 E+	
0430	13, 12	22:30 6		20:30 6 E+	
0445	13, 12	22:45 6		20:45 6 E+	
0500	13, 12	23:00 6		21:00 6 E+	
0515	6, 5	23:15 6		21:15 6 E+	
0530	6, 5	23:30 6		21:30 6 E+	
0545	6, 5	23:45 6		21:45 6 E+	
0600	6, 5	24:00 6, 9, E+		22:00 6, E+	

Inmate Name

Hampton, Linda 11

AIS #

226420

ALDOC Form 471-01

STATE OF ALABAMA  
 FIVE POINT RESTRAINT OR SUICIDE WATCH  
 24 HOUR LOG

Inmate's Name Hampton, Randall AIS# 226420

Reason For Restraint Self Injury (5 pts. restraints)

Date & Time In Restraints 10-31-03 @ 6:35 pm Authorized By lt. Cunningham

Primary Therapist \_\_\_\_\_

Event/Category Code	Date	Date	Date
1. Verbal/relaxed	6:00 a.m.	2:00 p.m.	10:00 p.m. 3 B71
2. Quiet	6:15	2:15	10:15 3 B71
3. Sleeping	6:30	2:30	10:30 3 B71
4. Yelling	6:45	2:45	10:45 3 B71
5. Struggling	7:00	3:00	11:00 3 B71
6. Crying	7:15	3:15	11:15 3 B71
7. Hallucinating	7:30	3:30	11:30 3 B71
8. Delusional	7:45	3:45	11:45 3 B71
9. Meals accepted	8:00	4:00	12:00 3 B71
10. Meals rejected	8:15	4:15	12:15 3 B71
11. Liquids accepted	8:30	4:30	12:30 2 B71
12. Liquids rejected	8:45	4:45	12:45 1 B71
13. Bath/shower	9:00	5:00	1:00 2 B71
14. Toilet used	9:15	5:15	1:15 3 B71
15. Exercise offered	9:30	5:30	1:30 3 B71
16. Exercise rejected	9:45	5:45	1:45 3 B71
17. Restraints put on	10:00	6:00	2:00 3 B71
18. Restraints checked	10:15	6:15	2:15 3 B71
19. Restraints removed	10:30	6:30	2:30 3 B71
20. Doctor visit	10:45	6:45 4 Lp	2:45 3 B71
21. Nurse visit	11:00	7:00 6	3:00 3 B71
22. Psychologist visit	11:15	7:15 2	3:15 3 B71
	11:30	7:30 3	3:30 3 B71
	11:45	7:45 3	3:45 3 B71
	12:00	8:00 3	4:00 3 B71
	12:15	8:15 3	4:15 3 B71
	12:30	8:30 3	4:30 3 B71
	12:45	8:45 3	4:45 3 B71
	1:00	9:00 19, 21	5:00 3 B71
	1:15	9:15 3	5:15 3 B71
	1:30	9:30 3	5:30 3 B71
	1:45	9:45 3	5:45 3 B71

5:32 Meets rec'd

Inmates on Suicide Watch/Five Point Restraint must be checked every 15 minutes.  
 Inmates in Suicide Watch/Five Point Restraints must be checked by HCU every hour.  
 This log must be forwarded to the Psychologist by the Third Shift every day.

## MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION:  Suicide Watch  Restraints  Other \_\_\_\_\_OBSERVATION:  15 Minutes  Other \_\_\_\_\_Date Initiated: 10/31/03 Time Initiated: 0215

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15	6	06:15		14:15	
22:30	6	06:30		14:30	
22:45	6	06:45		14:45	
23:00	6	07:00		15:00	
23:15	6	07:15		15:15	
23:30	6	07:30		15:30	
23:45	6	07:45		15:45	
24:00	6	08:00		16:00	
24:15	6	08:15		16:15	
24:30	6	08:30		16:30	
24:45	6	08:45		16:45	
01:00	16	09:00		17:00	
01:15	16	09:15		17:15	
01:30	6	09:30		17:30	
01:45	6	09:45		17:45	
02:00	6	10:00		18:00	
02:15	6	10:15		18:15	
02:30	6	10:30		18:30	
02:45	6	10:45		18:45	6
03:00	6	11:00		19:00	6
03:15	6	11:15		19:15	6-5
03:30	6	11:30		19:30	6-5
03:45	6	11:45		19:45	6-5
04:00	6	12:00		20:00	6-5
04:15	6	12:15		20:15	6-5
04:30	6	12:30		20:30	6-5
04:45	6	12:45		20:45	6-5
05:00	6	13:00		21:00	6-5
05:15	6	13:15		21:15	6 - please restrain
05:30	6	13:30		21:30	6
05:45	6	13:45		21:45	6
06:00	6	14:00		22:00	6

Inmate Name

Jangsta Randee

AIS #

226420

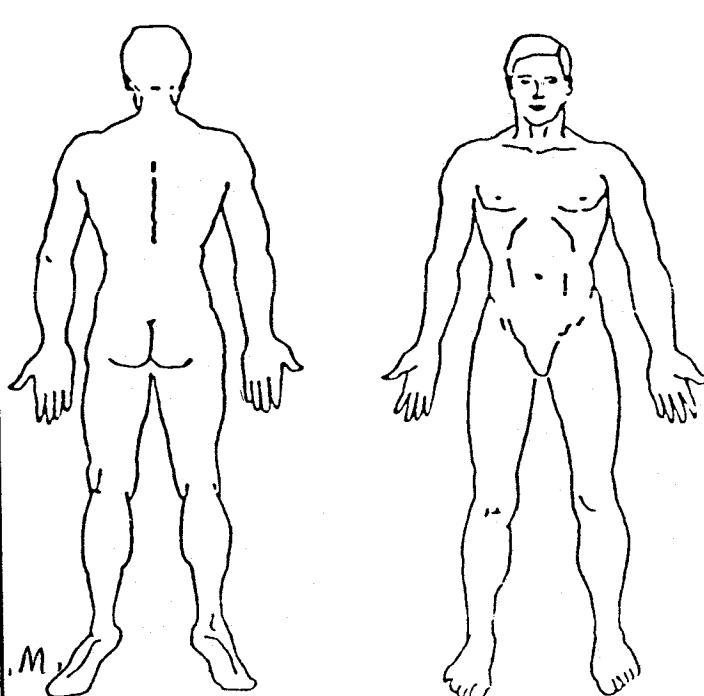
BCC F

## DEPARTMENT OF CORRECTIONS

EMERGENCY/

(OTHER)

TREATMENT RECORD

DATE 9/05/03	TIME 0850 AM	FACILITY KC	<input type="checkbox"/> EMERGENCY
		<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE	<input type="checkbox"/> OTHER
ALLERGIES NKDA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA	
VITAL SIGNS: TEMP _____ RECTAL		ORAL RESP. 32	PULSE 100 B/P 130/90 RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS  5. Inmate found in cell lying on bunk in jerking motion. Eyes open. Taken to west Ward for further evaluation. H.J. fm		ABRASION//  CONTUSION #   BURN XX XX   FRACTURE Z   LACERATION/ Z   SUTURES	
PHYSICAL EXAMINATION  O- Alert + oriented x 3. Resp. reg in ease. Skin warm & dry to touch. Has a history of seizures presently taking Tegretol 400mg BID & Phenob. 40mg BID Order out. Haven't had any since 9-4-03 A.M. A- Post. injury R/T Seizure activity			
ORDERS, MEDICATION, etc.  P- Notify m.d. New orders received + noted.			
Phenob. + Tegretol levels Phenob. 40mg BID X 180D Tegretol 400mg BID X 180D		Dr. Robbins / J. Hayes, M.D.	
DIAGNOSIS			
INSTRUCTIONS TO PATIENT			
RELEASE/TRANSFER DATE 9/15/03 935 AM	TIME PM	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <i>MH</i> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
NURSE'S SIGNATURE <i>Dranes, LPN</i>		DATE 9/5/03	PHYSICIAN'S SIGNATURE <i>① 9/5/03</i>
PATIENT'S NAME (LAST, FIRST, MIDDLE) 11-111-1111		DATE	CONSULTATION
AGE		DATE OF BIRTH 10/15/83	RIS
			AIS # B/M 220420

## DEPARTMENT OF CORRECTION

EMERGENCY/

(OTHER)

TREATMENT RECORD

DATE 11-02-03	TIME 12:58 PM	FACILITY BCCF	<input type="checkbox"/> EMERGENCY		
		<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE	<input type="checkbox"/> OTHER		
ALLERGIES NKD	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP 98.6°	ORAL RECTAL	RESP. 24	PULSE 68 B/P 128/80 RECHECK IF SYSTOLIC <100 > 50		
NATURE OF INJURY OR ILLNESS <i>S - "I just want to die I am tired,"</i>		ABRASION//   CONTUSION #   BURN XX XX   FRACTURE Z   LACERATION/ Z   SUTURES			
D - Inmate noted on floor on back about 2 ft away from sink alert & responsive skin warm & dry to touch resp. reg unlabored. Examined per nurse		<i>Neuro v P.E.R.L. VS taken no open areas or swelling noted active movement in upper extremities. Inmate asked to raise his legs RT &amp; then LT leg states "it hurts a lit bit but his bad leg it was hurting before he had the fall."</i>			
A - Altered Mental Status					
ORDERS, MEDICATION, etc.					
<i>P - Dr Sanders made aware new order received Haldol 10mg IM now Ativan 2mg IM now after Medical consult w/ Dr Siddiq.</i>					
<i>1400 Haldol 10mg IM &amp; Ativan 2mg IM given in RT gluteal as ordered.</i>					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
RELEASE/TRANSFER DATE 11/1	TIME AM PM	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE <i>H. Thomas</i>	DATE 11/03/03	PHYSICIAN'S SIGNATURE	DATE		
PATIENT'S NAME (LAST, FIRST, MIDDLE) <i>Drummond Randall</i>		AGE 21	DATE OF BIRTH 10/15/83	R/S B/M	AIS # 291.497

## Mental Health Observation Form

Inmate Name

Hampton, Randall

ID # 226420

Note: Time in 15 min increments

Date/Time Initiated

Date	Time	Observer	Comments
11/10/03	0400	B Taylor, LPN	S - None O - Inmate quiet. A - Stable P - Cont'd to monitor S - None O - Inmate quiet, ND C/o voiced. No acute distress noted. A - Stable P - Cont'd to monitor S - Quiet
11-10-03	0800	A. Thomas LPN	O - Lying in bed cover S - Blanket resp. resp. unlabored calm no behavior problem @ this time. A - A.M.S P - Observation will continue S - Quiet
11-10-03	1000	A. Thomas LPN	O - Lying on lying bed eyes opened no acute distress noted A - Stable P - Continue observation S - "Hi nurse"
11-10-03	1200	A. Thomas LPN	O - Alert sitting on bedside waved hand @ nurse empty plate noted @ bedside. A - Stable P - Continue observation S - Quiet
11-10-03	1330	A. Thomas LPN	O - Alert sitting on bedside resting quietly no unusual behavior noted. A - Stable P - Dr Kern visited inmate Released back to seg.

## ntal Health Observati Form

Inmate Name Hampton, Randall ID # 226420 Date/Time Initiated \_\_\_\_\_  
 Note: Time in 15 min. increments

Date	Time	Observer	Comments
11/9/03	1400	A.Willison	S-None. — O-Lying quietly in bed, eyes closed. Resp reg & ease. No problem noted. A-AMS, — P-Continue observation.
	1600	A.Willison	S- "I'm alright nurse." O-Sitting on side of bed eating meal. — A-AMS, — P-Continue observation
	1800	A.Willison	S-None. — O-Quiet in bed, no problems noted. No c/o. A-AMS, — P-Cont. observation
	2000	A.Willison	S-None. — O-Lying quietly in bed covered w/ blanket. Resp reg & ease, No apparent distress noted. A-AMS, — P-Cont. observation.
	2200	A.Willison	S-None. — O-Quiet in bed, eyes closed No distress noted. — A-AMS, — P-Cont. observation.
11/10/03	12 AM	<u>B.Taylor, LPN</u>	S-None. O-Inmate asleep. No acute distress noted. A-Stable P-Cont. to monitor. S-None O-Inmate asleep. A-Stable P-Cont. to monitor.
	0200	<u>B.Taylor, LPN</u>	

## Mental Health Observation Form

Inmate Name: Hampton, Randall ID # 226430 Date/Time Initiated \_\_\_\_\_  
 Note: Time in 15 min increments

Date	Time	Observer	Comments
11/9/03	12 Midnight	R Taylor, LPN	S - None O - inmate asleep. No acute distress noted. A - Stable P - Cont. to monitor.
	0200	R Taylor, LPN	S - None O - inmate asleep. No acute distress noted. A - Stable P - Cont. to monitor.
	0400	R Taylor, LPN	S - None O - inmate quiet. A - Stable P - Cont. to monitor.
	0600	R Taylor, LPN	S - None O - inmate quiet. No acute distress noted. A - Stable P - Cont. to monitor.
11/9/03	0800	M. Chaney LPN	S - None O - inmate lying on back sleeping A - Altered Mental Status P - Cont. to monitor
11/9/03	1000	M. Chaney LPN	S - None O - inmate remains quiet (at this time) A - Altered Mental Status P - Cont. to monitor
	1200	M. Chaney LPN	S - None O - inmate remains quiet but up walking around

## Mental Health Observation Form

Hampton, Ronda / ID # 226420

Date/Time Initiated \_\_\_\_\_

Estimate Name \_\_\_\_\_  
Note: Time in 15 min. Increments

Date	Time	Observer	Comments
11/8/03	10:00	C. Miller (pn)	S-None O- Unconscious in bed A- AMS P- Will monitor
	1200	V. Smith	S-None O- Resting in bed. Rapping on door. A- AMS P- Will continue to monitor
	1400	V. Smith	S-None O- Lying in bed & eyes closed. P- PDC 1000. A- AMS P- Will continue to monitor
11/8/03	1600	A. Willis (pn)	S-None. O- Lying in bed quietly. No apparent distress noted. A- Altered mental status. P- Continue observation.
	1800	A. Willis (pn)	S-None. O- Sitting on side of bed. No problem noted. A- AMS. P- Continue observation.
	2000	A. Willis (pn)	S-None. O- Standing @ cell door looking out. No distress noted. No complaints voiced. A- AMS. P- Continue observation.
	2200	A. Willis (pn)	S-None. O- Sitting on side of bed. No behavioral problems noted. A- AMS. P- Cont. observation.

## Mental Health Observation Form

Name: Hampton, Randall ID # 22-6420 Date/Time Initiated \_\_\_\_\_  
 Time in 15 min. Increments

date	Time	Observer	Comments
11-7-03	10:00	Carter, S LPN	S - None O - Remained Quiet, resting on bunk, Resp. visible & w/ no N/O noted A - MHO P - Continue Plan of Care S - None
11-8-03	2:405	Ngollert, RN	O - In bed in cell eyes closed Visible resp & ease - appears to be sleeping A - Condition for assessment/MH P - Cont for observation, MHO - E - None @ present. Ngollert
11-8-03	0205	Ngollert, RN	S - None O - In bed in cell eyes closed. Visible resp & ease - appears to be sleeping A - Condition for observation P - Cont for observation E - None @ present. Ngollert
11-8-03	0400	Ngollert, RN	S - None O - In bed in cell eyes closed Visible resp & ease - appears to be sleeping A - Condition for assessment P - Cont for close observation/ mental health observation E - None @ present. Ngollert
6:30		Carter, S LPN	S - None O - Awake, lying on bunk Quietly, resp. reg. & ease no acute distress noted A - Altered mental status P - Continue Plan of Care
0800		Carter, S LPN	S & O - Quiet, ran about cell unit, no acute distress noted A - Altered mental status

## Mental Health Observation Form

Inmate Name: Hampton, RandallID # 226421

Date/Time Initiated

Note: Time in 15 min increments

Date	Time	Observer	Comments
	1200	VSmith	S-None O-Inmate resting Resp reg A-AMS P-Will monitor
	0200	VSmith	S-None O-Inmate resting in bed A-AMS P-Will monitor
	0400	VSmith	S-None O-Inmate resting, No distress noted A-AMS P-Will monitor
	0600	VSmith	S-None O-Presting & eyes closed, Resp & ease A-AMS P-Will monitor
11/16/03	0800	M.S. Christie, RNC	S-Non Verbal O-Sitting on bed, Resp. Reg & unlabored A-A.M.S. P-Continue Observation
	4:00	Carter, Jhp	S- "What time is it" O-Noted 003 & ambulating in cell unit, talking No acute distress noted A-Altered LOC if Mental P-Continue Plan of care
	6:00	Carter, Jhp.	S+O - Quiet lying on bunk Vocal NC, Resp. Reg now & ease, NAD noted A- P-Continue Plan of care
	8:00	Carter, Jhp.	S+O - Quiet resting on bunk Resp. Visible & even, no acute distress noted A-MHD P-Continue Plan of care

## Mental Health Observation Form

Inmate Name Hampton, Randall  
Note: Time in 15 min. incrementsID # 326420

Date/Time Initiated

Date	Time	Observer	Comments
11/6/03	1530		Nurses Note Continues ○ - behavior Problem ○ - Altered mental status F - Will be observe on Mental Health Observa- tion q2h. E. Tyson LPN S "yelling."
11/6/03	1730	Christine Tyson LPN	○ - Inmate banging on the door, yelling and screaming. F - Altered mental status F - Will Continue to monitor on MHO q2h. S - Yelling "I can stand this the walls talking to me."
11/6/03	1930	Christine Tyson LPN	○ - Observe inmate banging on the door of his cell, screaming and yelling, walking ○ - No behavior problem noted. F - Altered mental status F - Will Continue to monitor on MHO q2h.
11/6/03	2130	Christine Tyson LPN	S - Yelling ○ - Continue to bang on the door of his cell. At p.m. call time release to take his holds off. Continue to bang on the door of his cell. F - Altered mental status F - Will Continue to monitor on MHO q2h.

## Mental Health Observation Form

Inmate Name Hampton, Randolph ID # 226420 Date/Time Initiated \_\_\_\_\_  
 Note: Time in 15 min. increments

Date	Time	Observer	Comments
10/6/03	0200	V Smith	S-None O-Resting No distress A-AMs P-full monitor
	0400	V Smith	S-None O-Resting keep eyes closed. A-AMs
	0600	M. Chancy Lpn	P-full monitor S-None O-Quiet resting A-Altered Mental P-Continued Monitor
	0800	M. Chancy Lpn	S-None O-Inmate Quiet No distress noted A-Altered Mental P-Continued Monitor
	1000	M. Chancy Lpn	S- O-Inmate Quiet Walking around in cell P-Continued Monitor
	1200	M. Chancy Lpn	S- O-Inmate Quiet Walking around in cell P-Continued Monitor
	1330	M. Chancy Lpn	S- O-Inmate Quiet Want to get out of cell P-Continued Monitor
10/6/03	1530	Emmett Tyson Lpn	S- O-Inmate Quiet Want to get out of cell P-Continued Monitor

Inmate Name: <u>Hampton Landell</u> ID # <u>326420</u> Date/Time Initiated <u>11/5/03</u>			
Health Observation Form			
Date	Time	Observer	Comments
11/5/03	1200	M. Charnay LPN	O- Moderate agitated A- Agitated P- Alert mental S- None.
	1400	M. Charnay LPN	O- Alert mental A- Alert P- Eyes closed S- None.
11/5/03	1600	A. Willis LPN	O- Lying quietly in bed covered w/ blanket. Resp reg & unlabored. No apparent distress noted.
	1800	A. Willis LPN	O- Cont. to rest quietly in bed w/ problems noted.
	2000	A. Willis LPN	O- Quiet w/ eyes closed resp reg & ease. No distress noted.
	2200	A. Willis LPN	O- Quiet in bed. Resp reg & unlabored. No apparent distress.
	2400	Wmmtt	O- Resting A- AMS P- null monitor

## Mental Health Observation Form

Name: Dampton Rendee ID #: 226826 Date/Time Initiated 11/15/03  
 Time in 15 min. increments

Time	Observer	Comments
1150 12mn	Black B	<p>S. None</p> <p>O. Lying on cot in Safe cell - Resp reg - no distress noted</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0200	Black R	<p>S. None</p> <p>O. Continue to sleep 3 problems</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0400	Black R	<p>S. "I feel OK!"</p> <p>O. Sitting on side of bed to eat - appetite good.</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0600	Black R	<p>S. None</p> <p>O. Lying quietly on cot - eyes closed resp reg &amp; ease no noted distress</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0800	M. Chancy, Lpn	<p>S. None</p> <p>O. Lying quiet in bed - no distress noted -</p> <p>A. Altered mental status</p> <p>P. Continue to monitor</p>
1000	M. Chancy, Lpn	<p>S. - yelling out in Safe cell - Immediate yelling - set breaking on cell door</p> <p>P. Continue to monitor</p>

## Mental Health Observation Form

Inmate Name: <u>Hampton, Randall</u>		ID #: <u>226420</u>	Date/Time Initiated
Note: Time in 15 min. Increments			
Date	Time	Observer	Comments
11/4/03	1400	A. Willis /PN	<p>S-None. —</p> <p>O-Sitting on side of bed quietly @ present. No noted distress. —</p> <p>A-AMS. —</p> <p>P-Cont. to monitor q 15 min. for self injury. —</p>
	1600	A. Willis /PN	<p>S-Yelling out. —</p> <p>O-Disruptive behavior. Yelling loudly on door. —</p> <p>A-AMS. —</p> <p>P-Cont. self injury watch. —</p>
	1800	A. Willis /PN	<p>S-None. —</p> <p>O-Pacing around cage cell. No apparent distress noted. Bangs on door @ intervals. —</p> <p>A-AMS. —</p> <p>P-Cont. self injury watch q 15 min. —</p>
	2000	A. Willis /PN	<p>S- "I need a shower nurse" —</p> <p>O-Shower, no officer. No apparent distress @ present. —</p> <p>A-AMS. —</p> <p>P-Cont. observation. —</p>
	2200	A. Willis /PN	<p>S-None. —</p> <p>O-Quiet, sitting on side of bed. No problem @ this time. —</p> <p>A-AMS. —</p> <p>P-Cont. observation q 15m —</p>
2215	Brake		<p>S- "I am alright &amp; need a talk to Lt. Cunningham" —</p> <p>O-Standing at door of cage cell. Regress. No distress noted. —</p> <p>A- Ellipse mental state P Continue self injury watch. —</p>

## Mental Health Observation Form

Patient Name

Hampton, Randall

ID # 326420

Note: Time in 15 min. increments

Date/Time Initiated

Date	Time	Observer	Comments
11/04/03	0400	V Smith, LPN	S - None O - Resting & eyes closed. A - Ams P - Will continue to monitor S - None O - Continue resting in bed. Resp C lab. A - Ams P - Will continue to monitor S - "I'm alright." O - Continue eating breakfast No distress noted. A - Ams P - Will continue to monitor S - None O - Continue resting. No disturbance A - Ams P - Will continue to monitor S - Non Verbal O - Lying on bed, eyes closed resp - reg & labored A - Ams P - Continue 15 min. observation S - Crying & beating head O - on door for last few minutes, pacing A - Ams P - Security officers with T/M, Lt. Stephens in cell T/M taken out of cell to outside fenced area & officers which seems to be calming T/M - O - Lying in bed quietly O - No Complaints, N.A.P., Resp reg. & labored A - Ams P - Continue Observation - max
11/04/03	0800	Yn & Christie, RNC	
11/04/03	1000	Yn & Christie, RNC	
8/9/04	Now	9am Christie, RNC	

## Mental Health Observation Form

Inmate Name

Hampton, Randall

ID # 22642D

Date/Time Initiated

Note: Time in 15 min increments

Date	Time	Observer	Comments
11/3/03	1400	M. Channer, LSN	<p>S - None</p> <p>P - estimate sleeping up x 10 after inspection of clothes noted</p> <p>A - Altered Mental Status</p> <p>P - Cont to monitor</p> <p>S - Non Verbal</p> <p>O - lying on bed w/ eyes closed, resp reg &amp; unlabored</p> <p>A - A.m.s.</p> <p>P - Continue q15 min Observations</p> <p>S - None</p> <p>O - lying in bed covered w/ suicide blanket. Resp reg &amp; unlabored. No apparent distress noted.</p> <p>A - Altered mental status</p> <p>P - Cont. to monitor q 15 min</p> <p>S - "I want to smoke a cigarette nurse."</p> <p>O - Standing @ cell door, unclothed. No apparent distress noted.</p> <p>A - Altered mental status</p> <p>P - Cont. q 15 min observations</p> <p>S - Yelling out</p> <p>O - Banging on cell door, wants to smoke. Officer notified of request x 2.</p> <p>A - Altered mental status</p> <p>P - Cont. q 15 min observations</p> <p>S - None</p> <p>O - Sitting on bed quietly. No apparent distress noted</p> <p>A - Altered mental status</p> <p>P - Cont. q 15 min observation</p>
11/3/03	1600	M.F. Christie, RNC	
11/3/03	1800	A. Willis XPN	
	2000	A. Willis XPN	
	2100	A. Willis XPN	
	2200	A. Willis XPN	

## Mental Health Observation Form

Inmate Name Hampton, RANDALL  
Note: Time in 15 min IncrementsID # 226420

Date/Time Initiated

Date	Time	Observer	Comments
11/2/03	0200		Nurses Note Continues A - Altered Mental Status P - Will continue to moo for or suicide watch 915 minutes
11/3/03	0600	M. Chaney Lsn	O - inmate lying in bed & eyes Please no distress noted A - Altered Mental Status P - Continue to Monitor
	0800	M. Chaney Lsn	O - none D - inmate easy to wake up no acute distress noted A - Altered Mental Status P - Continue to Monitor
	1000	M. Chaney Lsn	O - none D - inmate up walking in cell door yelling but very agitated walking around A - Altered Mental Status P - Continue to Monitor
	1100	M. Christie, RN	S - screaming - non verbal O - screaming incoherently running in cell & intermittently banging on door loudly A - P.M.S. P - Thorazine 50mg I.M. & Ativan 2 mg I.M. Given in trucks @ 11 a.m.

## Mental Health Observation Form

Prisoner Name Hampton Randall ID # 226430 Date/Time Initiated \_\_\_\_\_  
 Note: Time in 15 min increments

Date	Time	Observer	Comments
11-02-03	1400	A. Thomas LPN	A- Altered Mental Status P- inmate lying on stomach shot given in RT gluteal tolerated well raised no pain, A. Thomas
11/2/03	1600	Ernestine Tyson LPN	S- None O- lying on bed in same position, eyes closed as though asleep. Resp. evenly & unlabored A- Altered Mental Status P- Will Continue to monitor on Suicide Watch q-15 minutes
11/2/03	1800	Ernestine Tyson LPN	S- None O- Condition the same still appear to be asleep A- Altered Mental Status P- Will Continue to monitor on Suicide Watch q-15 minutes
11/2/03	2000	Ernestine Tyson LPN	S- None O- Obsone lying in bed asleep, not aroused when his name was called A- Altered Mental Status P- Will Continue to monitor on Suicide Watch q-15 minutes the protocol
11/2/03	2200	Ernestine Tyson LPN	S- None O- Condition the same. Observe lying in bed eyes closed as though asleep. Resp. reg and unlabored. No respiratory distress

## Mental Health Observation Form

Inmate Name Hampton Randall ID # 226420 Date/Time Initiated \_\_\_\_\_  
 Note: Time in 15 min increments

Date	Time	Observer	Comments
11-02-03	13:00	A. Thomas Pn	D - Inmate asked can you move. He states "a little". Examined per nurses no bleeding noted @ this time. Nurse checked inmate for open areas or swelling none noted @ this time. Inmate noted moving upper extremities actively. 1/5 take per nurse to W.M. Neuro check P.E.R. Inmate noted raising self up off floor told to lay off down. Dr. Sanders call new orders received.
11-02-03	13:40	A. Thomas Pn	A - A.M.S P - Examined then give meds as order - A. Thomas
11-02-03	13:40	A. Thomas Pn	S - D - Inmate noted off floor in bunk in cell officer states he got up by himself. Inmate ask to turn over & checked his back & head. No swelling noted @ this time. Offer his shot states "I don't need it." A - Altered Mental Status P - Neuro check negative continuing @ 15 mins.
11-02-03	14:00	A. Thomas Pn	S - "I want to see Doctor about a transfer." D - Alert & oriented to name, place. inmate noted standing @ sinked to blanket around his states "I will take it." referring to the shot

## Institutional Health Observation Form

Inmate Name: Hampton, Randall # 226420

Date/Time Initiated \_\_\_\_\_

Inmate Name \_\_\_\_\_  
Date/Time Initiated \_\_\_\_\_  
Note: Time in 15 min increments

Date	Time	Observer	Comments
11-02-03	10:30	A. Thomas LPN	S - Quiet D - Prolonged about cell no distress noted A - A.M.S. P - Continue watch q 15 min checks
11-02-03	11:30	A. Thomas LPN	S - Talking to officer Weststone D - Inmate standing @ cell door window Officer Weststone reported inmate, self hitting the window angry because he did not get a visit from his family. A - A.M.S. P - Continue self injury watch.
11-02-03	12:30	A. Thomas LPN	S - Quiet D - Pacing back & forth across across cell floor alert refuses to talk to nurse. A - A.M.S. P - Continue observation q 15 min checks.
11-02-03	12:55	A. Thomas LPN	S - Non D - Officer weststone summoned to back cell # per infirmary runner. Officer Weststone states inmate was standing on sink & arms folded he just went strait backward on floor. Inmate noted on floor about 2 ft away from sink alert & responsive to verbal stimuli stated "I just want to

## Mental Health & Services Form

Hampton, Kendall

ID # 226420

Date/Time Initiated

mate Name

Rate: Time in 15 min. Increments

Date	Time	Observer	Comments
11/1/03	2200		Nurse's note continues A - Altered mental status. P - Will continue to monitor on suicide watch 915 minutes. S - "I'm OK."
11/2/03	2400	S. Anderson LPN	O - Standing ↑ @ cell door, O distress noted A - Altered mental status P - Continue to monitor E - None
11/2/03	0330	S. Anderson LPN	S - None O - Resting quietly, O distress noted A - Altered mental status P - Continue to monitor E - None
11/2/03	10410	S. Anderson LPN	S - None O - Resting quietly, O distress noted A - Altered mental status P - Continue to monitor E - None
11-02-03	0630	A. Thomas LPN	S - Quiet O - Lying in bed covered in sub suicide blanket visible respiration noted A - A.M. S. P - Continue q 15 mins visual checks.
11-02-03	0830	A. Thomas LPN	S - O Lying in bed covered in sub suicide blanket visible respiration noted A - A.M. S. P - Continue observation & checks

## Mental Health Observation Form

Inmate Name

Hampton, Randall ID # 226420

Note: Time in 15 min. increments

Date/Time Initiated

Date	Time	Observer	Comments
11/1/03	2100	Cart, Jhp	S - none O - Remains quiet, O&B In an about in cell and Neg of visible distress A - Alt. 2/3 C left mental status S "I am scared."
11/1/03	1600	Christine Tyson LPN	O - Inmate walking Up and down his cell State cell mumbling to himself. No distress noted A - Altered Mental Status S - Will observe on suicide watch 915 minutes
11/1/03	1800	Christine Tyson LPN	S - none O - Quieted down, Ob- serve inmate lying in bed on safe cell. No respiratory distress noted A - Altered mental status S - Will continue to observe on suicide watch 915 minutes
11/1/03	2000	Christine Tyson LPN	S "All right" O - Took medication & Lt Cunningham present. Ambulating about in cell and lib.
11/1/03	2200	Christine Tyson LPN	A - Altered Mental Status S - Will continue to monitor on suicide watch 915 minutes S "I am doing all right."
			O - Ambulating about in cell and lib. Condition the same. Alert and oriented X 3.

## Mental Health Observation Form

Inmate Name: Hampton, Randal ID # 226420 Date/Time Initiated 10/09/06  
 Note: Time in 15 min. Increments

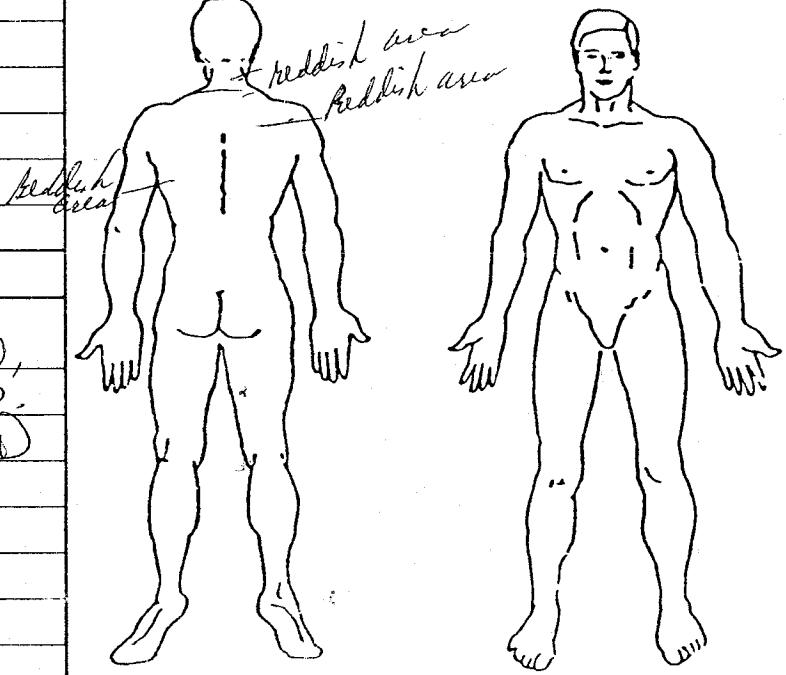
Date	Time	Observer	Comments
10/10/06	200	Rohale L	<p>S - none</p> <p>O - Quiet eyes closed resp &amp; ease A - Altered mental status P - Continue self injury watch</p>
	0400	Rohale L	<p>S - I feel OK name "</p> <p>O - Resting quietly no noted distress</p> <p>A - Altered mental status P - Continue self injury watch</p>
	0545	Rohale L	<p>S - I'm OK "</p> <p>O - No needs given per Rogers ROR Sheet at Present</p> <p>A - Altered mental status P - Continue self injury watch</p>
	8:00	Carter, J	<p>S - none</p> <p>O - noted lying on bunk covered in blanket resp visible &amp; wnl no noted A - Alt. 4/OC R/F mental status P - Continue Plan of Care</p>
	10:00	Carter, J Lpn	<p>S -</p> <p>O - Quiet, 1 ad lib in cell unit, talkative. Neg of bizarre behavior at this time</p> <p>A - Alt. 4/OC R/F mental status P - Continue Plan of care</p>
	12:00	Carter, J Lpn	<p>S - "I didn't do nothing"</p> <p>O - Inmate Ambulating in cell unit, Neg of visible distress</p> <p>A - Altered mental status P - Continue self injury watch of 15 min</p>

## Mental Health Observation Form

Name Randall, Hampton ID # 226420 Date/Time Initiated \_\_\_\_\_  
 me in 15 min. increments

Date	Time	Observer	Comments
10/3/03	6	Carter, J. H. P.	B - None O - noted. Inmate W HCH Per Officer/Jt. Cunningham & Handcuffed & placed in Safe Cell #1 in 4 point restraint. Wrists & ankles, Dr. Sander & Dr. Bell Called & paged to respond. Ms. Webb's CNRP Called & made aware of same.
	7:10 pm		
	7:55 pm		
	9:20		
	10:20	Rodalek	B - None O. Lying on cot in Safe cell - resp reg & ease - eyes closed noted distress. C. Altered mental status P. Continue self-injary noted
11/1/03	11:03 mn	Rodalek M	B - None O. Eyes closed resp ease No noted distress at this time C. Altered mental status P. Continue self-injary noted
	00:15	Rodalek R	B - None O. Inmate conversed w/ Lt. Cunningham & Off. Thompson - no noted behavior problems - Calm - answers, go slowly.

**DEPARTMENT OF CORRECTIONS**  
**EMERGENCY/ Non-scheduled TREATMENT RECORD**  
 (OTHER)

DATE <u>10-31-03</u>		TIME <u>1735</u>	FACILITY <u>Bullbuck</u>	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER		
		AM <input type="radio"/> PM <input checked="" type="radio"/>	<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>			
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP <u>97<sup>2</sup></u> <small>ORAL</small>		RECTAL <u>22</u>	PULSE <u>76</u>	B/P <u>130/170</u> RECHECK IF SYSTOLIC <100> 50		
NATURE OF INJURY OR ILLNESS  <u>S - Non-verbal</u>		ABRASION//	CONTUSION #	BURN <small>XX</small> <small>XX</small>	FRACTURE <small>Z</small> <small>Z</small>	LACERATION/ SUTURES
						
PHYSICAL EXAMINATION  <u>O - BM ambulatory to HCU, Alert, Oriented x 3. Rep. neg &amp; even. Skin w/ no tenderness.</u>						
ORDERS, MEDICATION, etc.						
<u>A - Alteration in comfort</u>						
<u>P - Relaxed in office/ Lt. J. Cunningham</u>						
<u>E - Instructed to return to HCU if needs to / PRN</u>						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT  <u>RTW to HCU PRN</u>						
RELEASE/TRANSFER DATE <u>10/31/03</u>		TIME <u>1745</u>	AM <input type="radio"/> PM <input checked="" type="radio"/>	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>JK Taylor, LPN</u>		DATE <u>10/31/03</u>	PHYSICIAN'S SIGNATURE		DATE	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>H. J. Taylor, Jr.</u>			AGE <u>20</u>	DATE OF BIRTH <u>10/11/83</u>	R/S <u>RX</u>	AIS # <u>77147A</u>

**DEPARTMENT OF CORRECTION**  
**EMERGENCY/ Unscheduled TREATMENT RECORD**  
 (OTHER)

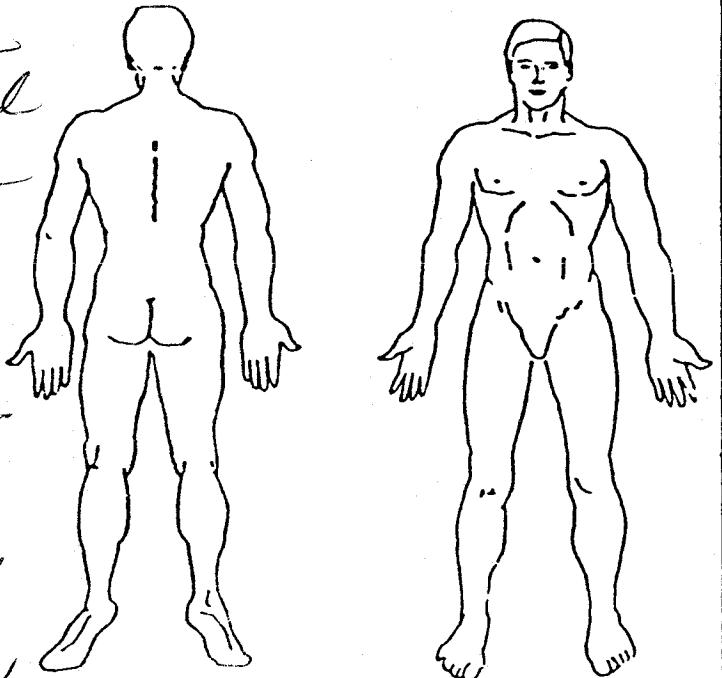
DATE <i>10/31/03</i>	TIME AM PM	FACILITY <i>Bullock</i>	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER
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ALLERGIES <i>NKDA</i>	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
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VITAL SIGNS: TEMP _____	ORAL RECTAL	RESP. _____	PULSE _____ B/P _____	RECHECK IF SYSTOLIC <100 > 50
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NATURE OF INJURY OR ILLNESS <i>S - none</i>	ABRASION//	CONTUSION #	BURN <sup>xx</sup> <sub>xx</sub>	FRACTURE <sup>Z</sup> <sub>Z</sub>	LACERATION/ SUTURES
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*Q - Inmate Returned to unit  
per Lt. Cunningham, & placed  
in cell #1 C restraints (4)  
Points to ankles & wrists*



## PHYSICAL EXAMINATION

*Lt. Cunningham stated T/m  
P taken Handcuff off in Sec  
Banged Head on Wall  
& jumped off Commode &  
Shirt around his Neck  
Neg of any Laceration to Head  
or Neck at this time  
Dr. Sanders Called & Beeped  
or paged - No respond*

## ORDERS, MEDICATION, etc.

*Dr. Bell Called & Paged - No respond  
7/0 Mrs. Webb CNRP Called & made aware of some  
7/15 Dr. Kerns Called T/O Orders, Inmate to be re-  
lease from restraints in 2 hrs. If calm, to give  
medication as previous ordered. Place on suicide  
watch of 15 min watch & suicide blanket & pack fund*

## DIAGNOSIS

## INSTRUCTIONS TO PATIENT

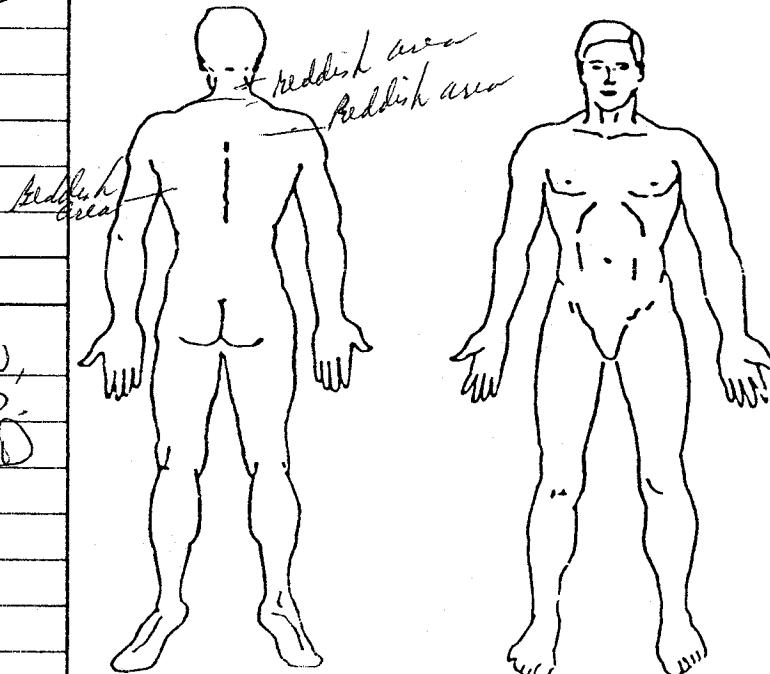
RELEASE/TRANSFER DATE <i>1/1</i>	TIME AM PM	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
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NURSE'S SIGNATURE <i>Carter g lpr</i>	DATE <i>10/31/03</i>	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
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PATIENT'S NAME (LAST, FIRST, MIDDLE) <i>Hamoton Randall</i>	AGE	DATE OF BIRTH <i>20 10.15.83</i>	R/S	AIS #
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*Bm 77100191*

**DEPARTMENT OF CORRECTION**  
**EMERGENCY/ Non-scheduled TREATMENT RECORD**  
 (OTHER)

DATE <b>10-31-03</b>		TIME <b>1735</b> <b>AM</b>	FACILITY <b>Bullard</b>	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER
ALLERGIES <b>NKA</b>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP <b>97<sup>2</sup></b> <b>OPAL</b> RECTAL		RESP <b>22</b>	PULSE <b>76</b>	B/P <b>130/70</b> RECHECK IF <b>&lt;100&gt; 50</b> SYSTOLIC
NATURE OF INJURY OR ILLNESS  <b>S - Non-verbal</b>		ABRASION///	CONTUSION #	BURN <b>xx</b> <b>xx</b> FRACTURE <b>Z</b> LACERATION/ <b>Z</b> SUTURES
				
PHYSICAL EXAMINATION  <b>O - BM ambulatory to HCU, Alert, Oriented P, J. Rep. neg &amp; even. Skin W/TD to touch.</b>				
ORDERS, MEDICATION, etc.		<b>A - Alteration in comfort</b> <b>P - Relaxed in office/Lt. D. Cunningham</b> <b>E - Instructed to return to HCU if needs to/PRN</b>		
DIAGNOSIS				
INSTRUCTIONS TO PATIENT  <b>RTW to HCU PRN</b>				
RELEASE/TRANSFER DATE <b>10/31/03</b> TIME <b>1745</b> <b>AM</b>		RELEASE/TRANSFERRED TO <b>DOC</b> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <b>JK Taylor, LPN</b>	DATE <b>10/31/03</b>	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) <b>Hampton, Ramon</b>		AGE <b>20</b>	DATE OF BIRTH <b>10/15/82</b>	R/S <b>RNC</b> AIS # <b>226420</b>

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT  
PAGE 1

Institution:	<i>Bullock</i>		<input type="checkbox"/> RTU	<input type="checkbox"/> SU	Date/Time of Admission:
Inmate Name:	<i>Randal L. Hampton</i>		AIS#:	226420	DOB: 10/10/83

BP	P	R	HT	WT	Allergies:
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## Past Medical History

Diabetes  Heart Disease  Kidney Disease  Hypertension  Cancer  TB  
 Seizures  COPD  Back Problems  Liver Disease  Stroke  
 Peptic Ulcer D/O  Congenital D/O  Peripheral Vascular Disease  Other

## Assistive Devices

Walker  Crutches  Cane  Wheelchair  Artificial Limb (s)  
 Glasses  Hearing Aid  Partial Dentures  Upper Dentures  Lower Dentures  
 Other

Major Illnesses/ Accidents / Surgeries / etc.

Current Medical Problems:

Current Medical Medications / Dosages:

Compliance:  100%  50% to 90%  10% to 40%  0%Sleep Pattern:  Insomnia  Difficulty Falling Asleep  Difficulty Waking Up  Other

Tobacco/Amount: \_\_\_\_\_ Caffeine/Amount: \_\_\_\_\_

Hygiene:  Good  Fair  Poor Showers \_\_\_\_\_ times a weekAppetite:  Good  Fair  Poor  Appears Adequately Nourished  DeficitHistory of Failure to Eat / Hunger Strikes:  No  Yes Last Episode (explain) \_\_\_\_\_

## PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset:

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Side-Effects Experienced / Causative Medications:

History of Aggression / Acting Out Behavior:  Yes  No

Last Episode (explain):

Page 2 of 2

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT**

**Educational Assessment**

Highest Grade Completed: \_\_\_\_\_

Able to Read  Able to Write  Able to Communicate  Able to Understand Current Diagnosis  
 Unable to Read  Unable to Write  Unable to Communicate  Unable to Understand Current Diagnosis

**Mental Status**

**Age:**  Appears Stated Age  Appears Younger  Appears Older

**Dress/Grooming:**  Appropriate  Marginal  Disheveled  Bizarre

**Posture:**  Unremarkable  Rigid  Stooped

**Facial:**  Unremarkable  Hostile  Worried  Tearful  Sad

**Eyes:**  Unremarkable  Glances Furtively  Stares  Poor Eye Contact

**Motor Activity:**  Increased  Decreased  Gait Unsteady  Gait Rigid  Gait Slow  
 Agitation  Tremors  Tics

**General Attitude/Behavior:**  Spontaneous  Preoccupied  Suspicious  Argumentative  
 Self-Destructive  Withdrawn  Regressed  Seductive  Hostile

**Mood / Affect:**  Flat  Depressed  Euphoric  Apathetic  Fearful  Labile  
 Blunt  Inappropriate  Constricted

**Speech / Communication:**  Normal  Aphasia  Slurred  Rapid  Mute  
 Flight of Ideas  Confabulation  Muttering  Tangential  Loose Associations  Over Productive

**Thought Content:**  Suicidal Thoughts/Plans  Homicidal Thoughts/Plan  Antisocial Attitudes  
 Phobias  Indecisiveness  Self-Derogatory  Excessive Religion  Bizarre  Self-Pity  
 Assaultive Ideas  Hypochondriasis  Alienation  Obsessive  Blames Others  Suspiciousness  
 Helplessness  Inadequacy  Poverty of Content  Ideas of Guilt  No Deficit Identified

**Abstract Thinking:**  Unimpaired  Concrete

**Delusions:**  None  Persecution  Systematized  Somatic  Other

**Hallucinations:**  None  Auditory  Visual  Olfactory  Tactile

**Memory:**  Grossly Intact  Inability to Concentrate  Poor Recent Memory  Poor Remote Memory

**Insight / Judgment:**  Unimpaired  Poor Judgment  Poor Insight  
 Does not know reason for transfer to RTU/SU  Unmotivated for Treatment

Assessment Completed by: Carter, SLP

Date: 10/31/03

ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

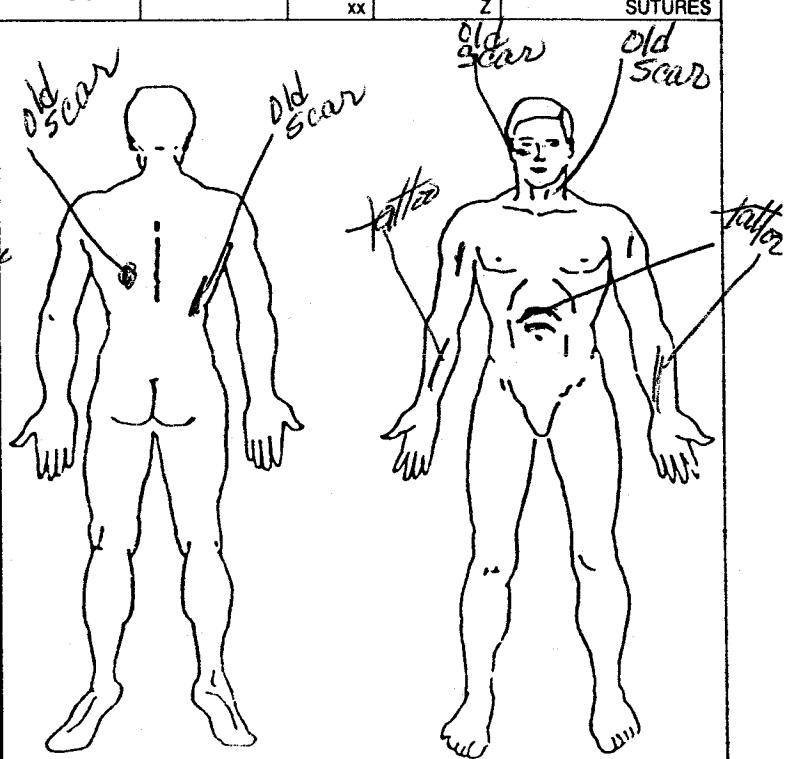
Inmate Name <u>Hampton, Randall</u>	AIS # <u>226420</u>
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## DEPARTMENT OF CORRECTION

EMERGENCY/

(OTHER)

TREATMENT RECORD

DATE 11-10-03	TIME 1:35 AM	FACILITY BCCF	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER			
ALLERGIES		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP RECTAL RESP.		PULSE	B/P 1 RECHECK IF SYSTOLIC <100 > 50			
NATURE OF INJURY OR ILLNESS  S - Routine Body Chart DOC transferring		ABRASION///	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION/ SUTURES
D - Alert & responsive Skin w/d to touch no open areas skin intact No distorted discomforts voiced non noted						
PHYSICAL EXAMINATION  A - Stable						
P - Released to officer H. Ruffin						
ORDERS, MEDICATION, etc.						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
RELEASE/TRANSFER DATE 11/10/03	TIME AM PM	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR		<input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE J. Thomas	DATE 11/10/03	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION		
PATIENT'S NAME (LAST, FIRST, MIDDLE) Hampton		AGE	DATE OF BIRTH	R/S	AIS #	
Randall		20	10/15/83	Bm	22/42D	